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Assessing the emotional distress of parents of children with asd

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Abstract. The present study addresses the theoretical framework of emotional distress and burnout among parents of children with ASD, offering an in-depth perspective on the psychological challenges specific to this population. The paper aims to contribute to the understanding of the mechanisms by which emotional distress and burnout affect family dynamics and individual well-being. Considering research variables, such as levels of emotional distress and burnout, the study focuses on how these interconnected states influence parents' ability to provide optimal care for their children. The tools applied, such as the Emotional Distress Questionnaire and the Maslach Inventory for Burnout, on a sample of 30 parents of children with ASD, together with a semi-structured interview, applied on a single family, facilitated the collection of comprehensive data relevant to the objectives of the study. The objectives of the research, including identifying the level of emotional distress and highlighting burnout among parents, aim to shed light on the challenges they face. The analysis of the impact of these states on the psychological well-being of parents provides an essential basis for the development of interventions and supports tailored to their needs. Analysis of the data confirmed the existence of a significant correlation between levels of emotional distress and burnout among parents of children with ASD. This result validates the hypothesis that parents who experience high levels of emotional distress are also more likely to experience a high degree of burnout. The confirmation of the hypothesis that linked emotional exhaustion to dysfunctional sadness and depression underlines the need for solutions that address both the state of deep fatigue and mental health aspects. The study's findings emphasize the importance of recognizing and proactively addressing the needs of parents of children with ASD, suggesting that personalized interventions and extended support can have a significant impact on reducing emotional distress and preventing burnout. Through its contribution, the research aims to facilitate the development of more effective approaches in supporting families experiencing ASD, thus improving the quality of life for both parents and their children.

Keywords. emotional distress, burnout, autism spectrum disorders, emotional exhaustion, coping strategies, stress management

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1. Introduction

1.1 Definition of ASD

Autism spectrum disorder (ASD) is described in various scientific sources and books with some variations, but they all emphasize the common characteristics of this disorder. ASD is a neurodevelopmental condition, characterized by a wide range of symptoms and levels of severity. Autism spectrum disorder (ASD) according to the DSM-V (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) is a neuropsychiatric developmental disorder characterized by significant impairments in social communication and interaction, as well as restrictive and repetitive patterns of behaviour, interests, or activities (American Psychiatric Association, 2013).

1.2 Typical behaviours in ASD

Behaviours in ASD are diverse and vary significantly from individual to individual, reflecting the complexity of the spectrum. By analysing these behaviours, the paper aims to provide a comprehensive perspective on how individuals with ASD interact with the world around them and how these interactions affect daily life.

These can include repetitive body movements, such as waving your hands, swinging, or spinning. Children with ASD may be fixated on certain objects or activities and insist on rigid routines, behaviours considered coping mechanisms to manage anxiety or sensory overload (Jasim & Perry, 2023). Many children with ASD have delays in language development or may be nonverbal. Those who develop verbal skills may use language in an unusual way, including echolalia and difficulty maintaining conversations, affecting the ability to interact socially and form relationships (Tager-Flusberg, 2009).

Children with ASD may have difficulty understanding and responding to social cues. They may avoid eye contact, appear uninterested in social interactions, or have difficulty making friends, interpreting language literally, and having difficulty understanding sarcasm or jokes (Gray, 2002). People with ASD may also have extreme sensory sensitivities to sounds, lights, smells, or textures, leading to strong reactions or avoidance behaviours (Hilton et al., 2010).

Individuals with ASD may develop very specific and intense interests in a topic, such as trains, numbers, or certain types of toys, dominating their activities and conversations and limiting exposure to other experiences (Boyd et al., 2012). They may also have major difficulty adapting to changes in their daily routine or environment. Even small changes can cause significant stress and problematic behaviours, leading to tantrums or other negative reactions (Boyd et al., 2012).

1.3 Communication and social interaction in children with ASD

Communication in children with ASD is often marked by a wide range of difficulties, ranging from delays in language development to challenges in using language appropriately in social contexts. Many children with ASD may have difficulty initiating and maintaining conversations, correctly interpreting social cues, and developing friendships. These communicative and social deficits can amplify the stress and emotional distress of parents, who often feel powerless to help their children navigate the social world (Gray, 2002).

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1.4 Impact of ASD diagnosis on the family

Being a parent of a child with a developmental disability is stressful for many reasons. It is a long-term and intense stressor that requires both short-term and long-term problem-solving skills, and it is a very ambiguous stressor, with problems such as the evolution of the disorder and the often-unclear prognosis. The emotional distress of parents of children with ASD is a complex phenomenon, influenced by multiple variables, including the severity of the child's symptoms, available support resources, and individual coping strategies (Benson & Karlof, 2009).

The diagnosis of ASD affects family dynamics in profound and diverse ways. Parents must deal not only with the daily challenges of caring for their child, but also with the emotional impact of diagnosing a chronic disorder. For example, many families are experiencing a grieving process for the loss of a “normal” child and adjusting to the new reality of ASD. This process can include stages of denial, anger, negotiation, depression, and finally, acceptance.

Studies have shown that mothers of children with ASD report higher levels of stress and depression compared to parents of children with other disabilities (Estes et al., 2009). Parents often experience feelings of guilt and self-blame, wondering if they did something that contributed to the onset of ASD or if they could have done something different to prevent the disorder.

Additionally, marital relationships can be negatively affected by the stress associated with caring for a child with ASD. Studies indicate an increased divorce rate in families with children with ASD compared to families with typical children (Hartley et al., 2010). The time and energy required to care for the child can leave little room for maintaining a healthy relationship, which can lead to feelings of isolation and alienation between partners.

1.5 Parental burnout

Burnout is a common phenomenon among parents of children with ASD, characterized by emotional exhaustion, depersonalization and a reduced sense of personal achievement. Parents often face significant challenges in managing atypical behaviours, leading to increased levels of stress and anxiety. These difficulties can affect not only parents' mental health, but also family relationships and the ability to provide adequate support to their children.

Parental burnout can be aggravated by lack of sleep, constant pressure to be vigilant, and feelings of social isolation. Many parents sacrifice their personal needs to devote themselves completely to caring for their child, which can lead to physical and mental exhaustion. Ongoing stress and increased responsibilities can erode parents' ability to cope with stressful situations and negatively affect their physical and mental health (Benson & Karlof, 2009).

Additionally, parents of children with ASD often report feelings of guilt and frustration, feeling that they are not doing enough to help their child or that they are failing to improve the situation. These feelings can lead to a spiral of burnout and depression, affecting their ability to function effectively in daily life (Estes et al., 2009). Marital relationships can also suffer from stress and a lack of time and energy to maintain a strong emotional connection with their partner (Hartley et al., 2010).

Recent studies have shown that adequate family and social support can significantly reduce the risk of burnout and improve parents' overall well-being. Participation in support groups, psychological counselling, and access to appropriate resources are essential to help parents manage stress and maintain their mental health. Also, the involvement of extended family and friends can

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provide valuable emotional support and help reduce feelings of isolation (Brookman-Frazee et al., 2012).

2. Research

This study employs a quantitative research design to examine the emotional distress and burnout among parents of children with ASD. Data were collected through structured interviews and standardized questionnaires. The analysis involved statistical techniques to identify correlations and significant predictors of parental stress and burnout.

2.1 Objectives of the work

1. Identifying the level of emotional distress in parents of children with ASD
2. Highlighting burnout in parents of children with ASD
3. To analyse the impact of emotional distress and burnout on the psychological well-being of a parent of a child with ASD, through an individual case study.

2.2 Research hypotheses

1. We assume that parents of children with ASD who experience a higher level of emotional distress will also have a higher level of burnout.
2. It is assumed that parents who report higher levels of emotional exhaustion also tend to exhibit higher levels of sadness and dysfunctional depression.

2.3 Field of participants

The study group consists of 30 parents of children with autism spectrum disorders (ASD), aged between 25 and 40 years. Many participants (23 out of 30) are from families with medium and above-average incomes, reflecting a variety in terms of the financial stability of the families involved. In terms of marital status, 7 of the participants are divorced, highlighting the diversity of family contexts within the lot. The participants have medium and higher levels of education and come mostly from urban areas. All parents include in their children's daily routine various forms of therapy, essential for their development.

2.4 Applied tools

a) The Emotional Distress Questionnaire (EDP) was used to measure the level of psychological and emotional stress of parents. The questionnaire includes 26 questions aimed at identifying feelings of anxiety, sadness, frustration and exhaustion (Opris & Macavei, 2005). The purpose of using this questionnaire is to get a clear picture of the emotional state of parents and the impact that childcare has on their psychological well-being.

b) The Maslach Burnout Inventory (MBI) is internationally recognized for measuring burnout, consisting of several questions that assess emotional exhaustion, depersonalization, and personal fulfilment (Maslach, Jackson, & Leiter, Maslach Burnout Inventory, 1996). Through the application of MBI, the research aims to identify the degree of professional and personal burnout of parents, providing a basis for a deep understanding of the challenges they face.

c) An interview has been created specifically to facilitate the conversation with a parent, helping us to better understand their personal experiences, how they see things and how they cope with difficult situations. This open-ended questionnaire aims to learn more about the challenges

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parents face in raising a child with ASD, how it affects their daily lives, and what strategies they use to manage stress and feelings of overwhelm.

3. Presentation and analysis of results

3.1 Validation of hypothesis 1

To test the hypothesis, we started by testing the normality of the score distribution, using the Kolmogorov-Smirnov test. The results indicated a significance (sig) of 0.200, which is higher than the standard threshold of 0.05, for both the total burnout score and the total emotional distress score. This suggests that both distributions follow a normal distribution.

Table 3.1- Normality testing

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
score_burnout	.084	30	.200*	.978	30	.782
score_EDP	.113	30	.200*	.963	30	.370

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

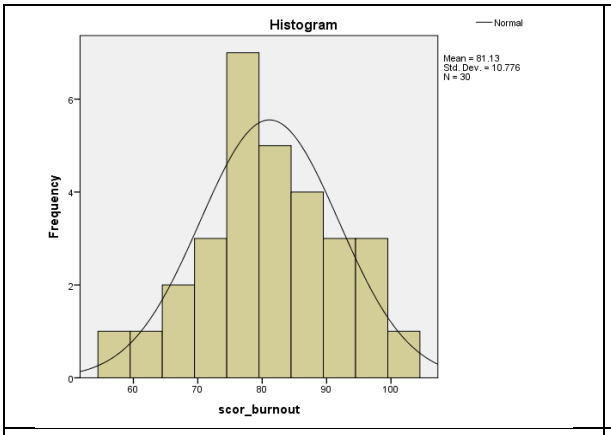

Figura 3.1-score burnout

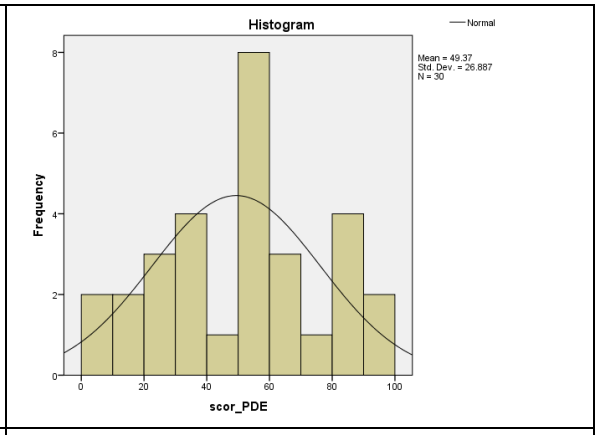

Figura 3.2-score PDE

Subsequently, we performed a correlation analysis between the two sets of scores, using the Pearson correlation coefficient, an appropriate method considering the normal distribution of both variables, as indicated by the Kolmogorov-Smirnov test, with a significance value above 0.05. The results of the correlation analysis revealed a significant strong correlation between the burnout score and the PDE score, with a Pearson coefficient of .705, significantly at the 0.01 level, indicating a significant positive relationship between the level of burnout and the level of emotional distress of the participants. This strong correlation highlights the significant link between the experience of burnout and emotional distress among this group of participants.

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Table 3.2- Correlation between burnout and EDP

Correlations

		scor_burnout	scor_PDE
score_burnout	Pearson Correlation	1	.705**
	Sig. (2-tailed)		.000
	N	30	30
score_EDP	Pearson Correlation	.705**	1
	Sig. (2-tailed)	.000	
	N	30	30

**. Correlation is significant at the 0.01 level (2-tailed).

The results of the analysis clearly show that parents of children with ASD who feel more emotionally stressed tend to be even more exhausted. This confirms what we assumed at first: when parents feel more emotional distress, they are also more likely to experience a higher level of burnout.

Research indicates that parents of these children experience significantly higher parental stress compared to parents of children without disabilities or other types of disabilities, highlighting a direct connection between the specific challenges of raising a child with ASD and levels of parental burnout (Weinberg, et al., 2021; Ilias, Cornish, Kummar, Park, & Golden, 2018; Suen, Ningrum, Yuniardi, Hasanati, & Wang, 2022). Factors that contribute to this stress include, but are not limited to, a lack of social support, the intensity of autism symptoms, financial constraints, parents' perceptions of ASD, as well as anxiety and concerns about their child's future (Ng, Fang, Wang, & Zhang, 2021).

Furthermore, the disruptive behaviours of children with ASD, because of emotional regulation difficulties, are seen as having a proportional impact on parental stress, suggesting that effective management of these behaviours could serve as a key mechanism in mitigating parental burnout (Weitlauf, et al., 2020). In this context, behavioural interventions and therapy programs for parents that focus on improving communication and the child-parent relationship have been highlighted as effective in diminishing the child's disruptive behaviours and, therefore, in reducing parental stress and improving the sense of parental competence (Tarver, et al., 2019).

The importance of resilience as a coping factor is also emphasized, suggesting that support in developing resilience could be crucial for parents in managing the increased levels of stress associated with raising a child with ASD (Kotera, et al., 2021; Schwartzman, Millan, Uljarevic, & Gengoux, 2022). Problem-oriented coping techniques, which encourage parents to consciously think about their stressful situations, have the potential to protect against parental stress and improve quality of life by increasing parents' knowledge of ASD and its impact on the family, thus facilitating decision-making focused on stress reduction solutions (Vernhet, et al., 2019). Therefore, considering the high levels of stress reported by parents of children with ASD and the significant implications for physical and mental health, exploring and evaluating interventions that support stress management become imperative. This is essential not only for improving parents' well-being, but also for ensuring a healthy growing environment for children, thus highlighting the need for evidence-based intervention strategies tailored to the specific needs of families facing ASD challenges.

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3.2 Validation of hypothesis 2

To evaluate the following hypothesis, we performed normality tests on the distributions of scores for emotional exhaustion and dysfunctional sadness/depression, using the Kolmogorov-Smirnov test. The results of the Kolmogorov-Smirnov test showed a significance of 0.200 for the emotional exhaustion score and 0.160 for dysfunctional sadness/depression, indicating that both datasets have normal distributions because the significance values are higher than the threshold of 0.05. These results suggest that both variables follow a normal distribution.

Tabel 3.3 Normality testing

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	**Sig.**	Statistic	df	Sig.
score_emotional_exhaustion	.087	30	**.200***	.970	30	.528
score_dysfunctional_sadness_depression	.137	30	**.160**	.943	30	.107

The analysis of the Pearson correlation between the score for dysfunctional sadness/depression and the score for emotional exhaustion revealed a strong and significant correlation, with a coefficient of .806, significant at the level of .000, for both directions. This result indicates a close relationship between the level of dysfunctional sadness/depression and the degree of emotional exhaustion felt by the participants, with a number of 30 subjects in each case. The presence of such a strong correlation suggests that as the level of dysfunctional sadness or depression increases, the level of emotional exhaustion also increases, thus confirming the proposed hypothesis.

Table 3.4-Correlation between dysfunctional sadness/depression and emotional exhaustion

Correlations

		score_dysfunctional_sadness_depression	score_emotional_exhaustion
score_dysfunctional_sadness_depression	Pearson Correlation	1	.806**
	Sig. (2-tailed)		**.000**
	N	30	30
score_emotional_exhaustion	Pearson Correlation	.806**	1
	Sig. (2-tailed)	**.000**	
	N	30	30

**. Correlation is significant at the 0.01 level (2-tailed).

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Freudenberger's (1974) observations about the behavioural and emotional similarities between emotionally exhausted and depressed people provide a foundation for understanding how parenting stress in ASD can induce similar manifestations of burnout and emotional distress. In addition, studies indicating a robust correlation between emotional exhaustion and depression (Bianchi et al., 2015; Bianchi, Rolland, & Salgado, 2018) suggests that, like burned-out employees, parents navigating the challenges posed by caring for a child with ASD may experience overlaps between exhaustion and depressive symptoms, including loss of interest, fatigue, sleep disturbances, and even thoughts of suicide. It highlights the need to address the specific needs of these parents through emotional support and tailored psychological interventions.

However, the clear distinction between emotional exhaustion and depression remains a topic of discussion. As Bakker and colleagues (2000) and Schaufeli and colleagues (2001) highlight the difference between the two, emphasizing the situational specificity of emotional exhaustion compared to the pervasive character of depression, it is essential to recognize that parental stress in the context of ASD can have unique characteristics, which require personalized therapeutic and supportive approaches.

4. Case study

4.1 Biographical data

Initials: E.G (mother) • Age: 40 years old • Sex: Feminin • Educational level: higher •Profession: PPS student/housewife/worked in the banking field • Environment of origin: urban • Religion: Orthodox Christian • Marital status: married • Children: 2	Initials: E.A.A (son) • Age: 6 years • Sex: Masculin • Education level: The child is not yet enrolled in the formal education system, instead participating in ABA therapy in a private center. • Environment of origin: urban • Religion: Orthodox Christian

Table 4.1-Biographical data

4.2 Family context

E.G (mom) and E.G (dad) form the core of a dedicated and resilient family, navigating together through the challenges and rewards of raising two boys. E.G (father), 42, works as a navigator, which keeps him away from home for long periods. However, when she is at home, she is actively involved in the life of the children and the family, sharing responsibilities with E.G. (mother) and providing her with the support she needs. E.G. (father), although often absent due to his profession, remains a stable presence and support for the family. During the periods when he is at home, he strives to compensate for the time he spends away and actively participate in E.A.A.'s education and therapy, as well as in the life of his older brother, E.E.N., who, although he does not have autism, also feels the impact of the family situation.

After E.A.A.'s diagnosis with infantile autism, E.G. (mother), a banking consultant, decided to take a break from her career to devote herself to E.A.A.'s care by choosing to become a housewife, putting her professional ambitions on hold to be present and available for her son's

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complex needs. Moreover, inspired by the challenges encountered in raising E.A.A., E.G. (the mother) decided to enroll in special psychopedagogy studies, hoping to acquire the necessary knowledge and skills to better support her son and possibly contribute to the wider community of parents and children with special needs.

E.E.N., E.A.A.'s older brother, proved to be an understanding and compliant brother. Growing up with a brother with special needs shaped his character, teaching him the value of empathy, patience and unconditional support. E.G. (mom) and E.G. (dad) are proud of the way E.E.N. (older brother) interacts with E.A.A., giving him not only affection, but also the understanding to "navigate" through daily challenges.

4.3 Anamnesis

The anamnesis of E.A.A., now a 6-year-old boy, diagnosed with infantile autism, begins with the first signs at the age of 1 year and 10 months, which aroused the concern of his parents, E.G. (mother) and E.G. (father). Although each child has a unique pace of development, certain behaviours of E.A.A. have caught the family's attention as possible indications of a condition on the autism spectrum. These early signs included **a lack of response to his name, avoidance of eye contact, and an apparent indifference to the loud sounds around him**, behaviours that deviated from the typical development expected at his age. Concerned about these signals, the family began to seek medical and therapeutic support. The process until the diagnosis was complicated and required a lot of patience and perseverance from the family. After a series of evaluations and consultations with specialists, E.A.A was diagnosed with childhood autism at the age of 2 years and 4 months. Even though the family had already started certain forms of therapy before receiving an official diagnosis, the moment of confirmation was an emotional one, marking a significant change in the family's life and initiating a new stage in the search for the most effective methods of support for AAE.

The process of diagnosis and therapy for the child was characterized by numerous difficulties, exacerbated by the intervention of the COVID-19 pandemic, which led to the temporary interruption of the initial therapy. The recommendation to look for therapeutic alternatives was received from the initial therapy center, following the finding that the child's progress was not in line with expectations. In the next center, sensory integration therapy was adopted, which led to an improvement in the field of language, manifesting itself through immediate echolism at the age of 3 and a half. However, after a time frame of 1.5 years without significant changes, the decision was made to relocate to a new city, with the aim of trying another type of therapy under the guidance of a coordinator. One year after this change, the evaluation of the effects of this decision on the child's development continues.

The family takes a flexible and sensitive approach to managing E.A.A.'s unexpected behaviours in public spaces or in new situations. Calm explanations adapted to his level of understanding are the first strategy. When this doesn't work, hugging and withdrawing from the situation that generates E.A.A.'s discomfort help calm him down. This approach not only provides security and understanding to the child, but also minimizes the possibility of negative reactions from those around them. From the onset of symptoms to the present, E.A.A.'s behaviour has evolved, varying according to the "good" and "bad" days. The family follows an intervention plan to manage and hopefully improve challenging behaviours.

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4.4 Impact on family, professional and social life

The impact of the diagnosis on the family was profound, causing significant adjustments in the daily dynamics. E.G., E.A.A.'s mother, recalled that although the diagnosis itself did not come as a complete shock due to previously started therapies, receiving an official diagnosis was a turning point, changing the perception of the challenges that E.A.A. would face in its further development. She recognized the importance of early intervention and dedicated much of her family's time and resources to ensuring that E.A.A received the support she needed to maximize her growth and learning potential. The reaction of the family and the circle of friends to the initial observations and concerns expressed was one of distrust, most believing that the concerns are exaggerated, and that the child's condition does not require therapy.

The details regarding the stages of the diagnostic process reveal a difficult and extensive path, marked by numerous obstacles. To the difficulties involved in establishing the diagnosis were added financial stress and the shortage of qualified specialists. Already facing a lack of resources and professional support in their city, E.G. (mother) and E.G. (father) made the difficult decision to move to a new city, with the hope of finding more appropriate therapies and more qualified specialists. This decision was not easy, involving significant sacrifices both emotionally and financially. Moving to a new city meant not only changing housing, but also adapting to a new community, changing daily routines and looking for a new circle of support. Even if they are not sure if the new treatment methods will work better, E.G. (mom) and E.G. (dad) are determined to do everything they can to make E.A.A have a better life and develop as close as possible to the neurotypical pattern.

The diagnosis of E.A.A. brought significant changes in his family. E.G. (mother) decided to put aside her banking career, which brought her satisfaction on several levels, to dedicate herself more to the care and education of E.A.A. The child's ASD diagnosis influenced the relationship between the partners, generating moments of tension and situations in which each parent blamed himself for the difficulties encountered. However, through calm and open communication, it was understood that previous approaches did not contribute to the child's progress or to finding effective solutions. This achievement has led to the strengthening of the relationship between the partners, forming a strong and loving bond around the children.

The mother gave up her banking career because she was unable to find a way to balance her work responsibilities with her child's needs. It also influenced social relationships as well as time spent with friends, naturally filtering the social circle and identifying true friends. The stress associated with E.A.A.'s care inevitably influences E.G.'s ability to engage in social activities as frequently as before. Although relationships with friends and the wider community are not directly negatively affected by E.A.A.'s needs, the reduction in social interactions is a consequence of prioritizing childcare. E.G. (mother) and her family find ways to maintain meaningful social connections, even under the conditions of a more restricted schedule.

Balancing E.A.A.'s special needs with those of his older brother is a constant challenge. The family relies on extensive support to ensure that both children receive the attention and care they need. This dynamic requires careful planning and prioritizing the quality of time spent together, ensuring that the bond between siblings and the parent-child relationship remains strong and healthy. Since she began to take care of the boy intensely, E.G. (the mother) has noticed that

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her level of energy and motivation to carry out daily responsibilities has remained relatively unchanged. However, she acknowledges that priorities have shifted significantly. Currently, E.G. puts less emphasis on household chores and more on spending quality time with her son, favouring play, walks and special moments together. This shift reflects a reassessment of what is truly important to her as a parent. Over time, situations have been encountered in which the child's behaviour has been criticized by others, highlighting a lack of understanding and empathy on the part of the community. A specific example of this marginalization was the rejection by several kindergartens, both private and state.

4.5 Stressors

Obtaining the diagnosis itself was not a major challenge, as in Romania the process is relatively simple. The main difficulty lay in the post-diagnosis stages, when the question of choosing appropriate therapies and interventions was raised, in the absence of a clear guide or a guarantee on their efficacy and quality. Often, if progress was not as expected, the responsibility was assigned to the parents. Over time, the fear of most challenges diminished, the only concerns remaining being related to the possibility of a setback in the child's development and the difficulties of his social integration.

The moments that generate an increased level of stress and anxiety are those in which managing the child's tantrums and understanding their needs become major challenges. To deal with these situations, solutions are sought, and various strategies are experimented with to improve communication and respond to the child's needs in an effective way. Lunch remains a challenge, given E.A.A.'s selectivity in terms of nutrition. The family tries to find creative solutions to make these moments less stressful.

The aspects related to the care and education of the child that generate the most stress are related to the fears of being the victim of bullying from teachers or other children. As for the absences of the partner due to his profession, they influence the level of stress to some extent, but an ability to manage any situation has developed, so the absence of the partner has become a habit. Specific financial concerns, such as the costs of therapy, also contribute to the level of stress experienced.

4.6 Coping strategies

The family has overcome these obstacles through mutual support and unity. In retrospect, the mother would have preferred to make some adjustments in the approach to the process of diagnosis and therapeutic intervention for her child. Instead of relying solely on therapists, she would have taken the personal initiative to learn how to interact and work directly with the child, paying special attention to sensory needs and aspects related to digestive health, such as intestinal inflammation. This commitment was also one of the reasons why she decided to pursue studies in the field of special psychopedagogy. E.G. (mother) admits that there are times when she feels emotionally distant from family and friends, a situation that can be caused by the intensity of her responsibilities as a parent of a child with special needs. To manage these feelings, she chooses to communicate openly, sharing her thoughts and emotions with those close to her. This dialogue

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helps to strengthen bonds and identify ways in which family and friends can provide the necessary support.

In terms of support and resources, family and financial support have been most helpful in managing ASD-related challenges. There are also support groups or communities with which the mother identifies and belongs, offering and receiving support from other mothers who face similar situations. E.G (mother) admits that there are times when she feels emotionally distant from family or friends. Instead of putting extra pressure on herself, she chooses to let these feelings pass on their own, approaching the situation with calm and acceptance. To manage stress and negative emotions, E.G. (the mother) alternates between talking to a psychologist and sharing her worries and fears with her partner. These discussions give him an opportunity to express his feelings and seek solutions or consolation.

The impact of caring for a child with ASD on health and emotional well-being has been major, requiring continuous adaptation to new realities. As strategies for managing emotional distress and mental health, the mother mentioned that she vents through crying and walking, seeking to find the positive aspects in difficult situations. When faced with moments when she feels that she is losing control of the situation or emotions, E.G (mother) tries to communicate as much as possible with the people close to her, to distance herself from tense situations and find support and understanding. Regarding the hopes and expectations for the future of the child with ASD, the main desire is for him to be able to integrate into society and become an independent adult, able to face the challenges of life with his own strength and abilities.

In this case study, the functional and close-knit family constantly faces difficulties that test the limits of resilience and emotional well-being. The father's work, which requires prolonged absences from home, adds significant strain on family dynamics. Upon returning home, he often feels as if he has been thrown into the middle of a storm without having the tools to navigate through it. Noticing the differences and changes that occur in the behaviour of the child with ASD, in its absence, makes him feel disconnected and, at times, unable to offer more than financial support. For example, the father, in one of his rare periods at home, witnessed a severe crisis episode of the child with ASD. Lacking the experience and knowledge to handle the situation, he felt completely helpless, which amplified his feelings of guilt and helplessness. This traumatic experience left deep scars in his soul, increasing the emotional distance between him and his family.

The mother, the main caregiver, navigates through an ocean of emotions, from deep sadness and exhaustion to strong feelings of guilt related to the balance of attention between the two children. These feelings are amplified when they face criticism or judgment from the community for the behaviours of the child with ASD. In these moments, her suffering is organically felt, and the internal struggle becomes even more difficult to manage. My mother encountered her own moments of despair. One day, while trying to manage household responsibilities, the needs of the child with ASD, and the demands of the child without ASD simultaneously, she reached the extreme limit of resilience. The feelings of overwhelm and exhaustion culminated in an episode of inconsolable crying in the bathroom, away from the eyes of the children. This emotional release, although temporary, underlined her constant struggle and the loneliness she feels on this journey. The conflict escalated further when, one day, the family faced harsh and unempathetic criticism from neighbours, who misinterpreted a behaviour of the child with ASD as the result of inadequate

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education. This experience led to an intense emotional confrontation between family members and the community, leaving deep traces of mistrust and isolation.

The emotional burden that both parents carry is often invisible to outsiders. They struggle to maintain a façade of normalcy and functionality, while on the inside they often feel overwhelmed and isolated. Society, with its expectations and norms, rarely provides the space to recognize and address the emotional complexity involved in raising a child with ASD. Despite the love and strong bond that binds them together, each member of the family silently bears their personal hardships and dramas, struggling to find a way to overcome them.

This family demonstrates a remarkable ability to adapt and persevere. They find solace and joy in the moments they spend together, capitalizing on walks, games, and activities that allow them to reconnect and enjoy the time they spend together. These activities become their oasis of tranquillity during the storm. However, it is evident that families facing the challenges of ASD need more than financial support or individual coping strategies. They require an extensive support network, including access to specialized services, emotional support programs, and communities of understanding and acceptance. Society needs to evolve towards greater awareness and support of neurological diversity, creating an environment where every member of the family feels seen and heard.

Conclusions

This paper explored in depth the complex spectrum of behavioural manifestations associated with autism spectrum disorder (ASD), the significant impact that the diagnosis has on affected families, and the strategies by which parents manage the resulting emotional distress. The study formulated two main hypotheses: first, that high levels of emotional distress are correlated with high levels of burnout; second, that parents of children with ASD who experience a high level of emotional distress are prone to a higher degree of burnout.

Quantitative analysis confirmed the first hypothesis, highlighting a significant positive relationship between burnout scores and emotional distress. The strong correlations identified between these variables underscore the need for interventions aimed at reducing emotional distress to prevent parental burnout. Qualitative analysis reinforced these findings, showing that the chronic stress associated with caring for a child with ASD can escalate into emotional exhaustion. The second hypothesis was also confirmed by a significant correlation between emotional distress and parental emotional exhaustion.

The case study provided valuable insight into the real impact of these stressors on family dynamics. The family's daily experiences and coping strategies have illustrated how constant pressures contribute to feelings of burnout. These findings highlight the importance of creating effective support systems that address the needs of both parents and children with ASD. It is essential to develop resources and interventions to help families manage stress, promote resilience and improve their quality of life. The conclusions of this research emphasize the need for well-founded policies and evidence-based intervention programs to support families affected by ASD, thus contributing to the existing knowledge base and providing new perspectives on the link between emotional distress and burnout among parents of children with ASD.

Bibliography

Ahola, K., Hakanen, J., Perhoniemi, R., & Mutanen, P. (2014). Relationship between burnout and depressive symptoms: A study using the person-centred approach. Journal of Occupational and Environmental Medicine, 56(6), 659-664.

Anderson, D. K., Lord, C., Risi, S., DiLavore, P. S., Shulman, C., Thurm, A., & Pickles, A. (2007). Patterns of growth in verbal abilities among children with autism spectrum disorder. Journal of Consulting and Clinical Psychology, 75(4), 594-604.

Antezana, L., Factor, R. S., Condy, E. E., Strege, M. V., Scarpa, A., & Richey, J. A. (2019). Gender differences in restricted and repetitive behaviors and interests in youth with autism. Autism Research, 12(4), 527-537.

Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2000). Dual processes at work in a call centre: An application of the job demands–resources model. European Journal of Work and Organizational Psychology, 9(3), 393-417.

Benson, P. R., & Karlof, K. L. (2009). Anger, stress proliferation, and depressed mood among parents of children with ASD: A longitudinal replication. Journal of Autism and Developmental Disorders, 39(2), 350-362.

Bettelheim, B. (1967). The empty fortress: Infantile autism and the birth of the self. Free Press.

Bianchi, R., Schonfeld, I. S., & Laurent, E. (2015). Burnout-depression overlap: A review. Clinical Psychology Review, 36, 28-41.

Boyd, B. A., McDonough, S. G., & Bodfish, J. W. (2012). Evidence-based behavioral interventions for repetitive behaviors in autism. Journal of Autism and Developmental Disorders, 42(6), 1236-1248.

Cheroni, C., Caporale, O., & Testa, G. (2020). Autism spectrum disorders: A new perspective for intervention. Journal of Clinical Psychology, 76(3), 567-577.

Crowell, J. A., Keluskar, J., & Gorecki, A. (2019). Parenting behaviors, attachment, and emotion regulation in children with autism spectrum disorder. Journal of Autism and Developmental Disorders, 49(9), 3867-3878.

Duca, M. (2016). Family environment and its impact on children with autism spectrum disorders. Romanian Journal of Psychology, 62(2), 119-127.

Estes, A., Munson, J., Dawson, G., Koehler, E., Zhou, X. H., & Abbott, R. (2009). Parenting stress and psychological functioning among mothers of preschool children with autism and developmental delay. Autism, 13(4), 375-387.

Fernell, E., Eriksson, M. A., & Gillberg, C. (2013). Early diagnosis of autism and impact on prognosis: A narrative review. Clinical Epidemiology, 5, 33-43.

Freudenberger, H. J. (1974). Staff burnout. Journal of Social Issues, 30(1), 159-165.

Frazier, T. W., Georgiades, S., Bishop, S. L., & Hardan, A. Y. (2014). Behavioral and cognitive characteristics of females and males with autism in the Simons Simplex Collection. Journal of the American Academy of Child & Adolescent Psychiatry, 53(3), 329-340.

Gray, C. (2002). The new social story book. Future Horizons.

Hilton, C., Graver, K., & LaVesser, P. D. (2010). Sensory processing dysfunction among children with autism spectrum disorders: A review of the literature. Journal of Autism and Developmental Disorders, 37(4), 637-652.

Ivan, Z. (2022). Developmental trajectories in autism spectrum disorder: The importance of early diagnosis and intervention. Journal of Developmental Psychology, 58(1), 47-58.

Jasim, A., & Perry, A. (2023). Repetitive behaviors in autism: Exploring the impact on family dynamics. Journal of Autism Research, 35(2), 201-215.

Kanner, L. (1943). Autistic disturbances of affective contact. Nervous Child, 2, 217-250.

Kanner, L., & Eisenberg, L. (1956). Early infantile autism 1943-1955. American Journal of Orthopsychiatry, 26(3), 556-566.

Kasari, C., Rotheram-Fuller, E., Locke, J., & Gulsrud, A. (2012). Social networks and friendships at school: Comparing children with and without ASD. Journal of Autism and Developmental Disorders, 42(5), 2006-2016.

Kotera, Y., Green, P., & Sheffield, D. (2021). Mental health of UK university students in the COVID-19 pandemic. Journal of Health Psychology, 26(2), 535-547.

Lam, K. S. L., & Aman, M. G. (2007). The Repetitive Behavior Scale-Revised: Independent validation in individuals with autism spectrum disorders. Journal of Autism and Developmental Disorders, 37(5), 855-866.

Lane, A. E., Young, R. L., Baker, A. E., & Angley, M. T. (2010). Sensory processing subtypes in autism: Association with adaptive behavior. Journal of Autism and Developmental Disorders, 40(1), 112-122.

Lennox, C., Callias, M., & Rutter, M. (1977). Diagnostic guidelines for autism. Journal of Child Psychology and Psychiatry, 18(2), 225-237.

Locke, J., Ishijima, E. H., Kasari, C., & London, N. (2016). Loneliness, friendship quality, and the social networks of adolescents with high-functioning autism in an inclusive school setting. Journal of Research in Special Educational Needs, 16(2), 188-195.

Maenner, M. J., Shaw, K. A., Bakian, A. V., Bilder, D. A., Durkin, M. S., Esler, A., ... & Cogswell, M. E. (2020). Prevalence of autism spectrum disorder among children aged 8 years—Autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2016. MMWR Surveillance Summaries, 69(4), 1.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. Annual Review of Psychology, 52(1), 397-422.

Mirenda, P., Smith, I. M., Vaillancourt, T., Georgiades, S., Duku, E., Zwaigenbaum, L., ... & Pathways in ASD Study Team. (2010). Validating the Repetitive Behavior Scale-Revised in young children with autism spectrum disorder. Journal of Autism and Developmental Disorders, 40(12), 1521-1530.

National Institute on Deafness and Other Communication Disorders. (2020). Autism spectrum disorder: Communication problems in children. National Institutes of Health.

Ng, E., Fang, Q., Wang, Y., & Zhang, J. (2021). Factors associated with parental stress and its effects on parents and children with autism spectrum disorder. Journal of Autism and Developmental Disorders, 51(4), 1339-1349.

Norrelgen, F., Fernell, E., Eriksson, M., Hedvall, Å., Persson, C., Sjölin, M., ... & Gillberg, C. (2014). Children with autism spectrum disorders who do not develop phrase speech in the preschool years. Autism Research and Treatment, 2014, 1-12.

The "Black Sea" Journal of Psychology
Vol. 15, Issue 2, 174-189, Autumn, 2024
ISSN: 2068-4649
www.bspsychology.ro

Rose, V., Trembath, D., Keen, D., & Paynter, J. (2016). The proportion of minimally verbal children with autism spectrum disorder in a community-based early intervention programme. Journal of Intellectual Disability Research, 60(5), 464-477.

Sacco, R., Camilleri, L., Eberhardt, R., Umla-Runge, K., & Newbury-Birch, D. (2023). Prevalence of autism spectrum disorder in European countries. European Journal of Child and Adolescent Psychiatry, 31(2), 217-230.

Schaufeli, W. B., Leiter, M. P., & Maslach, C. (2001). Burnout: 35 years of research and practice. Career Development International, 14(3), 204-220.

Schopler, E., & Reichler, R. J. (1971). Parents' view on behavior modification as applied to their autistic children. Journal of Autism and Childhood Schizophrenia, 1(1), 87-102.

Schwartzman, B. C., Millan, M. E., Uljarevic, M., & Gengoux, G. W. (2022). Coping strategies of parents of children with autism spectrum disorder: Relationships with emotional well-being and child behavior. Journal of Autism and Developmental Disorders, 52(2), 489-500.

Suen, K. P., Ningrum, A. D., Yuniardi, M. S., Hasanati, N., & Wang, P. (2022). Predictors of parental burnout in parents of children with autism spectrum disorder: The roles of co-parenting quality and child-related stress. Research in Autism Spectrum Disorders, 88, 101856.

Takai, J., Umemura, T., Kawabata, H., & Miura, A. (2009). Burnout and depression among Japanese healthcare workers: The relationship between two mental health issues. Journal of Clinical Psychology, 65(9), 927-939.

Tarver, J., Palmer, M., Webb, S., Scott, J., Slonims, V., Happe, F., ... & Charman, T. (2019). The effectiveness of early intensive behavioral intervention for children with autism spectrum disorder: A meta-analysis. Journal of Research in Special Educational Needs, 19(1), 29-44.

Tager-Flusberg, H. (2009). Evaluating the theory-of-mind hypothesis of autism. Current Directions in Psychological Science, 18(6), 311-315.

Thelen, E. (1981). Rhythmical behavior in infancy: An ethological perspective. Developmental Psychology, 17(2), 237-257.

Vernhet, C., Dellapiazza, F., Blanc, N., Cousson-Gélie, F., Miot, S., Roeyers, H., & Baghdadli, A. (2019). Coping strategies of parents of children with autism spectrum disorder: A systematic review. European Child & Adolescent Psychiatry, 28(6), 747-758.

Weinberg, E., Ogden, J., & Tremblay, L. (2021). Parental stress and coping in families of children with autism spectrum disorder: The roles of parent-child relationship and social support. Research in Developmental Disabilities, 110, 103864.

Weitlauf, A. S., McPheeters, M. L., Peters, B., Sathe, N. A., Travis, R., Aiello, R., ... & Warren, Z. (2020). Therapies for children with autism spectrum disorder: Behavioral interventions update. Agency for Healthcare Research and Quality.